

IMPLEMENTATION PLAN

INTRODUCTION

Framework:

This plan has been written following the outline of the 1999 Needs Assessment, addressing each recommendation in the order in which it was set forth in that document. The format sets forth the Needs Assessment recommendation followed by sections addressing background information, action items and timelines, and a desired result. The recommendations are divided into six categories with a brief introduction and explanation of each, along with a brief financial statement regarding the category.

Terms and Definitions:

DHW - The Department of Health and Welfare.

DJC - The Department of Juvenile Corrections.

FERPA - Family Educational Rights and Privacy Act.

ICCMH - Idaho Council on Children's Mental Health.

IDEA - Individuals with Disabilities Education Act.

PSR - Psychosocial Rehabilitation is a category of services delivered in a non-clinical setting, such as the family home or at a school.

SDE -The State Department of Education.

SED - "Serious Emotional Disturbance," which the Children's Mental Services Act, Idaho Code Section 16-2403(13), defines as an emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes the child's functioning to be impaired in thought, perception, affect or behavior. A disorder shall be considered to "result in a serious disability" if it causes substantial impairment of functioning in family, school or community. A substance abuse disorder does not, by itself, constitute a serious emotional disturbance, although it may coexist with serious emotional disturbance.

The Idaho Federation of Families - An advocacy organization that serves families with children with emotional and behavioral issues, under contract with the Department of Health and Welfare to provide advocacy and support for families, as well as to represent families on the Idaho Council for Children's Mental Health and various other advisory boards.

UM - The Utilization Management Project, which includes prior authorization of services, concurrent review, and quality assurance. Utilization Management was mandated by the Idaho Legislature last year to slow the rate of growth in Medicaid costs. The project seeks to provide services in a cost- and resource-effective manner that serves the public in the best way possible.

Children's Mental Health Systems - All child serving agencies (DHW, DJC, SDE, County Probation, and local schools).

Overview of the Planning Process:

On August 28, 2000, Judge Winmill issued an order directing the Defendants in the Jeff D. case to work with the Plaintiffs in developing an action plan to implement the recommendations of the 1999 Needs Assessment of Children with Serious Emotional Disturbances and Their Families. The first all-party Jeff D. planning meeting took place on the 30th of October, followed by a conference call the next day with the parties and Cliff Davis, co-author of the Needs Assessment. Subsequent meetings have taken place on November 17, December 15 and 21, 2000, and January 5, 12, 22, 29, 30, and 31, 2001. The parties have worked diligently with other community partners in developing the recommendations represented in this plan. Additionally, there have been meetings of a smaller group, made up of DHW, SDE, DJC, County Probation and The Federation, who have worked through a number of the recommendations. This smaller group met two to three times each month in order to be able to make language suggestions for the larger group meetings to aid in the efficiency of the process. Many individuals have dedicated large amounts of their time in this effort. Once the general discussion was completed on the recommendations, there have been countless hours on the part of IDHW staff in drafting the language along with comments and edits by the parties and their clients.

Oversight Process:

At all stages of the implementation of the action plan, the court and counsel will receive documentation, where available, of the developed protocols, guidelines, agreements, targets, reports, and any other material that will aid in the court's determination of the efforts being made in this process. Where a desired result is measurable, definable, and demonstrable, that evidence will be provided to the court and Plaintiffs. As a part of the oversight, Plaintiffs and Defendants will meet as needed or at least every six months from the date of adoption of the plan by the court to review the plan and the progress made towards implementation. Revisions will be made where appropriate from the learning experience of the implementation process.

The initial activities of the ICCMH, local councils and agencies in the first two years will be used primarily for the development of the structure and processes that must be in place in order to expand the system effectively. Much of the plan's action items for the first two years are devoted to gathering data, identifying measurement tools, outcomes, targets and essential information for the development of a more comprehensive plan that will result in the creation of an integrated system of care to serve children with SED and their

families. This reality is recognized by the authors of the Needs Assessment as they wrote that “it may require two years of planning and development to prepare local communities to build the infrastructure necessary to manage these decision[s] collaboratively, and it is recommended that the creation of this infrastructure parallel the development of service capacity . . .”. Recommendation 5, page 28.

Consistent with that language, there will, of course, also be a conscious effort over the next two years to expand the service capacity and quality, which will be reflected through the oversight of the ICCMH in reviewing set targets and monitoring progress toward those targets. Even while the infrastructure is being developed, there will be an increase in the number of children with SED who are able to be served through the new funding. The next two years will allow the development of the ability to size service capacity and needs, establish consistent measurements and data, and to support future requests for funding as we point to an established system of accountability, management and successful progress in meeting our focused goals. It is anticipated that in two years, with the data collected to size and identify gaps in the service system, the parties will set about reviewing the plan with the goal of revising and setting new actions for future expansion of the core services, with the primary service expansion taking place in the following years. It will be necessary to revisit the plan and to further develop the actions and goals based on the learning of the first two years. Continuous planning is realistic if we are to achieve a successful integrated system of care for children with SED and their families.

A final date for completion has not yet been set. The parties agree that until sizing of the service capacity has been done and service expansion goals have been set, there is no way to accurately determine the time it will take to create an integrated system of care. In the next year, the parties will meet to begin planning the final phase of the plan, and therefore, the end of the suit.

Overview of the Plan:

The plan addresses each recommendation with a brief discussion of some background information and, where there are existing actions taking place related to that recommendation, what that entails. There are many recommendations where action items overlap related recommendations; these points of overlap are noted in a number of the responses. For example, the action items related to the recommendations on “Accountability” note the fact that accountability runs across all of the categories and that many of the individual recommendations from the other categories address the quality assurance, outcome measurements, and accountability elements for those recommendations in the individual response.

As the authors of the Needs Assessment noted, the recommendations and their implementation depend on the whole of the recommendations, and there are several areas where the issues involved in implementation are very much a matter of “the chicken or the egg” quandary. A prime example of this is recommendation number 27. Recommendation number 27 addresses the need to strengthen “the capability to conduct clinically-based assessments and evaluations.” This recommendation is important in and

of itself. However, the egg to this chicken is that in identifying the child, necessary services must also be identified and provided or children may be identified as needing services without the state having the capacity to serve them. The expenditure of resources needed to perform proper assessments cannot be addressed in a vacuum, as the need for the building of the service capacity must necessarily be taking place at the same time. As the new system is created, it will require a balance that must be maintained throughout the development of this new integrated system of care. Within the limited resources available, the Defendants must seek to balance these needs and expend resources available on both ends. The building of service capacity will necessarily take time as the availability of providers, issues complicating provision of services in rural areas, recruitment of specialized foster families, and numerous other issues are addressed.

The Needs Assessment noted “The authors believe that the service capacity model recommendations in Appendix C should be viewed as long-term goals for system capacity development—near term goals should be set to build more realistically on existing capacities. A statewide planning process should be implemented which enables communities and regions to better identify current capacities and to set those realistic near-term goals.” This is reflected in the actions for the first two years in developing the necessary infrastructure in order to be able to accurately size the system and needs, while the existing service capacity is built upon with the ultimate goal of a comprehensive system of care.

Overview/Big Picture:

The following is an overview of how the implementation plan is envisioned to function as to the roles of a state level mental health council, local mental health councils and the Department of Health and Welfare, in accordance with the recommendations of the Needs Assessment.

The Idaho Council on Children’s Mental Health (ICCMH). This council will consist of the directors of the various state agencies, representatives of partner entities and advocacy groups. The ICCMH will be given the oversight of the implementation of the plan with specific powers and duties. The ICCMH will have an agreed upon definition of “collaboration” to which it will be held. The ICCMH will direct the creation of local level councils, which will parallel the ICCMH in the seven regions. ICCMH will create guidelines and outcomes for the use of the local councils in developing their protocols and memoranda of agreement. The ICCMH will direct the local councils to develop targets and report on their outcomes and measurements related to those targets. This council will monitor the progress of the local councils and develop reports based on the reported progress and outcomes.

The Local Councils. Local councils will be created at the direction of the ICCMH with representatives of the child serving agencies, partner entities, and parents. The local councils will receive direction and guidance from ICCMH as to development of outcomes, targets and measurement tools. The targets for the local councils will be limited to their specific functions and duties with the understanding that through their

work and experience, they will be able to have input to the ICCMH and the DHW regions on issues relating to collaboration, service growth, and targets for core service expansion. The key function of the local councils will be to staff/review cases referred to the council according to an access protocol. In reviewing a child's case, the local council will focus on diverting children who are at risk of commitment to a state facility and aiding families and children as they transition to or from more restrictive levels of care. The focus will be on providing community based services to maintain children in their communities where appropriate. They will set targets, such as the number of children they hope to serve in a specific time period or a reduction of children committed to DJC or State Hospital South, which will be reported to ICCMH. They will track defined data and report to ICCMH on their progress and continuing goals for services.

The Department of Health and Welfare (DHW). DHW will be expected to be the lead agency working with the ICCMH and the local councils towards the implementation of the plan. DHW will identify funding available for the growth of the core services throughout the state. DHW, in conjunction with the ICCMH, will determine how new funding will be divided among the seven DHW regions based upon a formula taking into account population, need, poverty levels, and geographic make-up.

Once the funding has been identified and designated per region, the regions will set priorities as to the two to three core services they will focus upon developing in the next year. The prioritization of the core services has been noted as an option in the Needs Assessment in recognition of the resource commitment needed for simultaneous, statewide capacity development. Recommendation 25, page 37. The regions will determine their priorities based on current levels of core services identified, the estimated need, the resources available and the input of the local councils. The regions will develop targets and outcomes for their determined priorities and will report them to the ICCMH. Over the following year, the regions will work to expand the core services set forth as their priorities, and collect data to demonstrate their progress to be reported to the ICCMH. The targets and outcomes set forth by both the local councils and the DHW regions will be reported to the ICCMH. With this information a report will be created for the ICCMH's review.

***** Recommendations and action items follow according to the sections outlined in the 1999 Needs Assessment.***